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AHI PPS TRANSITION ROADMAP



Adirondack Health Institute

◻ Lead ◻ Empower ◻ Innovate

Introduction

The AHI Performing Provider System (PPS) is an integrated, multi-sector network of over 100 organizations and agencies serving individuals across a largely rural area of upstate New York. The network serves community members in Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, and Washington counties. The AHI PPS has been formed as a partnership to plan for and manage health care restructuring in the northern New York/Adirondack region and administer the NYS Department of Health (DOH) DSRIP (Delivery System Reform Incentive Payment) program. The nine county service area spans nearly 11,000 square miles and the network serves approximately 144,000 Medicaid beneficiaries.

The AHI PPS region has experienced consistent long-term shortages of certain health care workers. Historically, many types of physicians, mid-level providers, and other staff in areas such as primary care, behavioral health, long-term care and home care have experienced high vacancy rates.

The DSRIP program has recognized the key role that workforce plays in improving outcomes. The AHI PPS has developed a series of key reports to better understand the state of the current workforce and how it will need to be developed to support successful transformation of the health care system. The AHI PPS conducted a Compensation and Benefits Analysis to assist in obtaining baseline information on the impact of DSRIP project implementation on specific job titles. This analysis will be updated two times throughout the life of DSRIP. The AHI PPS Current State analysis was developed from partner survey responses and outlines job titles with the number of current employees as well as vacancies and vacancy rates. The initial analysis utilized data from DSRIP Year 1 and the PPS intends to complete a current state analysis annually to assess progress towards impacting vacancies in key positions. The Future State Report utilized microsimulation to estimate the need over the next five years for those same job titles identified in previous reports, as well as new titles related to the implementation of DSRIP projects. In addition, the future state assessment took in to consideration the workforce needs anticipated with the demographics of the AHI PPS region – an aging population. The AHI PPS used these reports to create three additional planning documents. The AHI PPS Workforce Gap Analysis synthesized the data from the Current State and the Future State to help the PPS understand where the greatest needs exist. The gap analysis was the basis for completion of the Transition Roadmap and Workforce Training Strategy.

Transition Roadmap Goals

The AHI PPS Workforce Transition Roadmap outlines strategies to address workforce needs in the AHI PPS based upon detail from the Current State, Future State and Gap Analysis. The PPS will build on strategies that are already in place and develop new, creative ways of filling needs for health care and supportive services positions.

The AHI PPS is grounding our work in the Institute for Healthcare Improvement's Triple Aim: Improve the health of the population, improve the experience of care, and improve the value.

The roadmap will guide the achievement of the following AHI PPS goals:

1. Reduce preventable inpatient hospitalizations and Emergency Department use for Medicaid beneficiaries by 25% over five years
2. Ensure the full care continuum participates in health system transformation
3. Increase the number of primary care providers that are certified as Patient Centered Medical Home or Advanced Primary Care
4. Increase primary care capacity
5. Increase options for home and community-based care

6. Connect a wider range of providers to Regional Health Information Organizations (RHIO) and/or regional Population Health Management technology
7. Increase the proportion of care that is provided under a value-based payment (VBP) methodology.

AHI PPS Transition Roadmap



Year 1:

Workgroups assembled targeting key workforce initiatives to promote the transition to the target workforce state. Compensation and Benefits Workgroup, Employee Engagement Workgroup, Recruitment and Retention Workgroup, and Training and Resources Workgroup established to develop strategies in the training, recruitment and redeployment needs of the PPS. (Ongoing through DY5)

Training Fund and Recruitment & Retention Fund established with criteria to assist partners in pursuing training and/or recruitment needs of their organization which ties in to successful project implementation. Recruitment Fund initial priorities identified through the future needs identified by partners in 2014 (primary care, behavioral health, home care). Funding programs and guidelines will continuously be evaluated by the workgroups to ensure employers are able to receive the necessary funding to assist with recruitment and retention of key positions within the PPS as well as meeting the training needs of the PPS.

Support GME for growth and expansion of family medicine residency programs in the AHI PPS region: UVMHN – Champlain Valley Physician’s Hospital – first class to complete residency 2019 and Glens Falls Hospital – planning stages (ongoing). Investigate options related to psychiatry residency at these sites.

Training to impact project success:

- Patient Activation Measure Training (Ongoing through DY5)
- DSRIP 101 (ongoing through DY5)



Year 2:

Key recruitment areas identified through gap analysis: primary care, behavioral health and post-acute (home care/long term care direct care staff). Initiatives established in the Recruitment and Retention Workgroup to assist with recruitment of these key areas through creation of a pipeline and creation of a marketing plan. Build upon existing programs with AHEC and Department of Labor to create system where employers connect directly with students to share opportunities now and in the future. Initiatives will include information on career ladders, promotion of employment needs related to home health aides, personal care aides, and certified nursing assistants while sharing that employment in these key areas will provide valuable experience for positions in health care.

Collaboration with SUNY and programs such as the Health Professions Opportunity Grant (HPOG) initiative which provides free training in key occupations such as home health aides, personal care aides, certified nursing. (Ongoing through DY5)

Evaluate Training Fund and Recruitment Fund guidelines to be in alignment with PPS workforce needs. Update guidelines. Track number of new hires in identified fields – identify other priority needs based on analysis – and spending in those areas. Track training and spending on training needs. Utilize document from impact analysis (Ongoing through DY5)

Training to impact project success:

- Level of Care for Alcohol and Drug Treatment Referral (LOCATR) training (DY2)
- Bridges Out of Poverty –Train the Trainer (DY2)
- Training primary care team staff in managing high risk, integrating behavioral health in to primary care and behavioral health screenings (DY2)
- Non –Abusive Psychological and Physical Intervention (NAPPI) training (DY2)
- Therapeutic Crisis Intervention (DY2)
- Practice Transformation (series of trainings through DY4)
- Advanced Primary Care Planning and Palliative Care (Ongoing through DY5)
- Care Coordination training (Ongoing through DY5)
- Health Literacy/Cultural Competency general and in health disparity focus areas (Ongoing through DY5)
- Shared Decision Making (Ongoing through DY5)
- Bridges Out of Poverty training (Ongoing through DY5)
- OMH Peer Specialist Certification (Ongoing through DY5)
- Recovery Coach training through OASAS (Ongoing through DY5)
- Complex care management training and crisis de-escalation (ongoing through DY5)
- Value based payment (Ongoing through DY5)

Compensation and Benefits Analysis from DSRIP year 1 (completed (June 2016).

Complete analysis of current state of the workforce to assess impact and current vacancies in key job categories identified in the gap analysis – compare with DY1 analysis. Update strategies in workgroups to be in alignment with needs – Recruitment Fund, Training Fund, and Training Strategy (December 2016).

Re-evaluation of transition roadmap quarterly by Workforce Committee (December 2016 and March 2017)



Year 3:

Assess impact via impact analyses matrices completed semi-annually. Monitor progress in decreasing shortages in key areas.

Training:

- Primary Care Team Staff training in building neighborhoods, strategies to avoid ED visits, building referral networks for community crisis stabilization and ambulatory detox (DY3)
- Warm Hand off training (DY4)

Complete annual analysis of current state of the workforce as well as second compensation and benefits analysis to assess impact and current vacancies in key job categories identified in the gap analysis. Compare current state data to previous year, compare compensation information with DY1 analysis. Update strategies in workgroups to be in alignment with needs – Recruitment Fund, Training Fund, and Training Strategy.

Re-evaluation of transition roadmap quarterly via Workforce Committee (June 2017, September 2017, December 2017 and March 2018).



Year 4:

Evaluate state of the workforce – identify strategies and interventions that have had success in reducing shortage areas (May 2018). Update Training Fund and Recruitment and Retention Fund guidelines and evaluate workgroup focus areas.

Complete annual analysis of current state of the workforce to assess impact and current vacancies in key job categories identified in the gap analysis – compare with DY3 analysis. Update strategies in workgroups to be in alignment with needs – Recruitment Fund, Training Fund, and Training Strategy. Re-evaluation of transition roadmap quarterly via Workforce Committee (June 2018, September 2018, December 2018 and March 2019).



Year 5:

Ongoing evaluation of workforce via impact analysis. Final stages of transition to ideal workforce state.

Complete annual analysis of current state of the workforce with third compensation and benefits analysis to assess impact on vacancies in key areas identified in the gap analysis and previous two compensation and benefits analyses.

Re-evaluation of transition roadmap quarterly via Workforce Committee (June 2019, September 2019, December 2019 and March 2020).